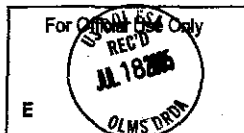


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U - <u>3245</u> | 2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>JAMES</u> <u>C</u> <u>CONLEY</u> P.O. Box, Bldg., Room No., if any <u>Room 116</u> Street <u>2840 EL CENTRO RD</u> City <u>SACRAMENTO</u> State <u>CA</u> ZIP Code + 4 <u>95833-9700</u> | 4. Name, file number, and address of labor organization. Name <u>LATHERS LOCAL 9109 / GUILLERMO HERNANDEZ</u> Labor Organization File Number <u>039-871</u> P.O. Box, Building and Room Number, if any <u>Room 116</u> Street <u>2840 EL CENTRO RD</u> City <u>SACRAMENTO</u> State <u>CA</u> ZIP Code + 4 <u>95833-9700</u> |
| 5. Position in labor organization. <u>FIELD REPRESENTATIVE / FINANCIAL SECRETARY</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____ |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James C. Conley

On

07/08/05

Date

916 726 8246

Telephone Number

Name of Person Filing

JAMES C. CONLEY

File Number U-

3245

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GUILTYMAN HERNANDEZ

Trade Name, if any: LATHERS LOCAL 9109

P.O. Box, Bldg., Room No., if any Room 116

Street 2840 EL CENTRO RD

City SACRAMENTO

State CA ZIP Code + 4 95833-9109

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

SPOUSE WAS BOOKKEEPER FOR LOCAL 9109 FROM 01/01/04 THRU 07/31/04. SPOUSE TRAINED OFFICE MANAGER BOOKKEEPING DUTIES AND QUIT 07/01/04 AS BOOK-KEEPER.

GROSS WAGES \$12,533.00
NET WAGES - 9,897.00

12.b. Amount.

12,533.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

| | |
|--|----------------------------|
| Name of Person Filing <u>JAMES C. Conley</u> | File Number U- <u>3245</u> |
|--|----------------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Matt Kelly
 Trade Name, if any: SAC-SIERRA'S BUILDING CONSTRUCTION TRADES
 P.O. Box, Bldg., Room No., if any Rm 207
 Street 2840 El Centro Rd
 City SACRAMENTO
 State CA ZIP Code + 4 95833-9700

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

SPOUSE IS CLERICAL / OFFICE MANAGER FOR THE SAC-SIERRA'S BUILDING CONSTRUCTION TRADES

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

SPOUSE WORKS During 2nd Job Title Aug. 1998
GROSS Pay - 13,906.00
NET Pay 10,434.89

12.b. Amount.

\$13,906.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

| | |
|--|----------------------------|
| Name of Person Filing <u>JAMES C. CONLEY</u> | File Number U- <u>3245</u> |
|--|----------------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|---|
| 8. Name and address of Business (including trade name, if any). Name <u>MATT KELLY</u> Trade Name, if any: <u>SAN SIERRA'S BUILDING & CONSTRUCTION TRADES</u> P.O. Box, Bldg., Room No., if any <u>Room 107</u> Street <u>2840 EL CENTRO RD</u> City <u>SACRAMENTO</u> State <u>CA</u> ZIP Code + 4 <u>95833-9706</u> | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
|---|---|

| | |
|---|--|
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Accompanied spouse to RETIREMENT DINNER on 3/13/04 for TONY CASTRO, BUILDING TRADES. Paid \$200.00 for spouse & myself (2 @ \$100.00) </div> 11.b. Approximate dollar value of such dealing. <u>200.00</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12.b. Amount. _____ |
|---|--|

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|--|--|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div> 14.b. Amount of payment. _____ |
|--|--|

| | |
|---|--|
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | |
|---|--|

Name of Person Filing JAMES C. CONLEYFile Number U- 3245

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MATT KELLYTrade Name, if any: SAC SIERRA'S BUILDING & CONSTRUCTION TRADESP.O. Box, Bldg., Room No., if any ROOM 107Street 2840 EL CENTRO RDCity SACRAMENTOState CA ZIP Code + 4 95833-9780

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

BUILDING TRADES PURCHASED A TABLE OF
 10 FOR \$750.00 ACCOMPANIED SPOUSE
 FOR A TOTAL OF 20 \$750.00 = \$150.00

11.b. Approximate dollar value of such dealing.

150.00

12.a. Nature of interest held or income received.

12.b. Amount.

150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

150.00

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